

Arizona Department of Health Services

Mini Grant Announcement Newborn Hearing Screening

The Arizona Department of Health Services (ADHS), Office of Women's and Children's Health, Newborn Screening Program, is pleased to announce the availability of funds to address the need for outpatient newborn and infant hearing screening through the development of hearing screening programs in community health clinics.

Eligible Applicants:

- Other government agencies (counties, cities, etc)
- Non-Profit Organizations

Each funded organization must meet the following criteria:

- Does not currently receive funding or support from the Arizona Department of Health Services for the same services, program or project for which the mini grant is being sought.
- Is organized as an entity that can receive these funds, or is working in partnership with an organization that can serve as a fiscal intermediary.

Funding Exclusions:

Because of the nature of these funds, awards may not be used for:

- direct clinical services
- physical construction or renovation of a facility or space within a building
- administrative overhead

**The deadline for submission of grant applications is May 12, 2006, 5 p.m. Mountain Standard Time. Grant applications must be submitted to:
Newborn Screening Program Manager
Office of Women's and Children's Health
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007**

In developing this application, communities are invited to consult the following websites, etc. for resource information:

www.infanthearing.org
<http://www.cdc.gov/ncbddd/ehdi/default.htm>

Procedures for obtaining mini grant funds:

A comprehensive, detailed proposal is **not** necessary. Complete a Mini Grant Application Form by answering all the questions and providing any requested attachments. Specific tasks that project design must address at a minimum include the following:

- assignment of screening coordinator to assure project tasks are accomplished
- ensure availability of otoacoustic emission screening equipment and supplies
- validate competence of hearing screening staff through ADHS approved trainer
- provide written protocol for hearing screening at funded facility
- provide patient demographic and test result information to the ADHS weekly
- describe the mechanism that will be used to ensure appropriate follow up referrals will be made on a timely basis
- describe how maintenance of the hearing screening equipment and supplies will be sustained after completion of the Mini Grant period

Obtain Mini Grant Application Form from: Office of Women's and Children's Health, Newborn Screening Program, (602) 364-1409 or <http://www.azdhs.gov/phs/owch/index.htm>

Obtain Technical Assistance from: Office of Women's and Children's Health, Newborn Screening Program, (602) 364-1409

Determination of Awards:

A Review Panel including the Arizona Department of Health Services Office of Women's and Children's Health and outside newborn hearing screening professionals will evaluate applications that meet the intent and requirements of the announcement and recommend awards based on evaluation criteria. Community health clinics in communities without outpatient newborn hearing screening services will be given priority in the review and selection process.

Applications must meet each of the following criteria:

- The effort to be funded is consistent with the goals and objectives of the ADHS Office of Women's and Children's Health. The organization seeking funding is one of the eligible agencies or organizations listed above.
- All required application materials are included.
- The effort to be funded can be replicated or serve as a model for similar work in another community or area of the state.
- The objectives to be undertaken are clearly stated, measurable, appropriate and feasible.
- The staffing to conduct the project is well defined and adequate.
- An evaluation method is incorporated into the project design.
- The budget is clear, complete and appropriate to the project, and complies with the requirements noted in the budget section.
- The organization seeking funding agrees to meet the publication, reporting, and financial requirements of this award:
 - o All materials published through this award must include the following language:
"This publication was supported by the Maternal Child Health Block Grant and Preventive Block Grant from the Health Service Resource Administration (HRSA). Its contents do not necessarily represent the official views of HRSA. Funding was made possible through the Arizona Department of Health Services, Office of Women's and Children's Health."

- o By June 23, 2006, submit a finalized project strategy report describing the program progress and plans, equipment availability, written screening protocol, and staff training plan.
- o By October 31, 2006, submit a financial statement/summary indicating expenditures incurred in conjunction with this award.
- o Twelve months after project implementation, but no later than September 30, 2007, submit a final report describing the funded project including planning, implementation and outcome(s) through the funded period. This report should include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award must be included.

There are no “weights” or other measures to be applied to these criteria, other than “yes” and “no.” Each of the criteria must be met in order for the proposal to be funded.

Mini Grant Awards:

Awards are available for up to \$9,990.00. There is no fixed amount for each award. Funds are limited. The funds will be awarded as mini grants to applicants that meet the intention of the grant guidance. The amounts will be based on proposed project activity. Successful applicants will be notified in writing. Project funds must be expended before September 30, 2006.

Distribution of Funds:

Grant recipients, upon receipt of the ADHS Purchase Order, will be eligible for a sixty percent (60%) payment at the beginning of the project when a submittal of the completed and signed Mini Grant Payment Request Form is received. The remaining forty percent (40%) will be paid upon the ADHS acceptance of the final project strategy report and the submittal of the Mini Grant Payment Request Form requesting the balance of the award.

Arizona Department of Health Services

Mini Grant Application Form

Organization Name: _____

FEDERAL TAX ID OR SS#: _____ **REQUIRED**

Organization Type (Check one):

___ County ___ City/Town ___ Native American Tribe ___ Non-Profit Organization
___ Other _____

Address: _____

City: _____ County: _____ Zip: _____

Contact Person: _____ Telephone: _____

Contact Person's Title: _____

Fax: _____ E-mail: _____

I. Project Information: Provide brief (maximum 3 to 4 sentences) responses to each of the following questions.

Name of Project: _____

A. Project Description

(Describe the project you are proposing and why you would like to undertake this project.)

B. Goals and Objectives

(List your goal(s) and corresponding objectives here. They should be clearly stated and related to the Project Description. Additionally, state the relationship to objective(s). Be sure your objectives are measurable.)

C. Projected Timeframe and Activities- Briefly outline the project timeline and the activities to be completed during the project:

D. Area/ Population

Describe proposed geographic area to be covered:

1. Identify birthing hospitals or centers in the same geographic area and distance from the applicant clinic
2. Identify the number of children between birth and three years of age served by the clinic
3. Further describe characteristics of the population (e.g., age, socioeconomic status, race/ethnicity, etc.):

E. Staffing - Describe how your project will be staffed:

II. Budget Information:

Provide a simple budget. Information is needed only for the project for which you are requesting funding, not for the organization as a whole. **Note these requirements:**

- Funds may be used for personnel costs.
- Administrative overhead is not an allowable expense.
- Funds may not be used to pay for direct clinical services, or for physical construction or renovation of a facility or space within a building.

Use the following format if possible, leaving inapplicable categories blank and adding your own. If this format is not suitable, attach a one-page budget of your own, using the same column headings.

Line	Budget Categories	Amount per unit	Total Budgeted from Mini Grant Funds
1	Personnel		
2	Supplies: _____		
3	Training/Registration		
4	Equipment		
5			
6			
7			
	Totals	\$	\$

III. Budget Summary:

(Provide a brief description of proposed costs to be funded by the mini grant. Write a description for each corresponding line number.):

1. Personnel:

Position Title	Hours/week	# of weeks	Salary (rate/wk)	Total

2. Supplies:

a. Office:

b. Other:

3. In-State Travel:

4. Postage:

5. Printing/Photocopying:

6. Other:

7.

IV. Attachments

- Complete the following one page Certification and return with the application form.
- If you are a non-profit (vs. public institution), please include documentation verifying your non-profit status.
- The Mini Grant Payment Request Form will be used when/if an award is granted.

ARIZONA DEPARTMENT OF HEALTH SERVICES

Mini Grant Proposal Evaluation Form

Name of Project: _____ Number: _____

Date Received: _____ Amount Requested: \$ _____

Name of Reviewer: _____ Date: _____

Yes	No	Proposal Element
		1. The organization meets eligibility criteria (Circle one: County, NA Tribe, City, Town, Non-Profit, Other)
		2. All required application materials are included:
		a. All sections completed (I – IV)
		Attachments:
		b. Certification
Reviewer: Please evaluate each remaining category. Your options are Yes and No-the applicant either meets (yes) or doesn't meet (no) the category. Check the column appropriate for each element.		
		3. The proposal is consistent with the goals of the Office of Women's and Children's Health.
		4. All specific tasks detailed in the Procedures for Obtaining Mini Grant Funds are addressed.
		5. The proposed project can be duplicated in another community/area.
		6. Objectives are clearly stated, measurable, appropriate and feasible.
		7. There are no or limited outpatient hearing screening services offered in the community.
		8. The staffing to conduct the project is adequate.
		9. The budget is clear, complete and appropriate for the project.
		10. The budget complies with the requirements noted in the budget section of the announcement.

Strengths:

Weaknesses:

Comments:

ARIZONA DEPARTMENT OF HEALTH SERVICES
Mini Grant Certification Form

The _____
(name of organization)
is submitting this application for funding from the Arizona Department of Health Services,
_____ mini grant program.

As the _____'s
(name of organization)
contact person, my signature below certifies that to the best of my knowledge all of the
information provided in this application is accurate, and if funded, we agree to comply with the
requirements of the mini grant program as described in the announcement, specifically, to meet
the reporting and financial requirements of this award:

1. By June 23, 2006, submit a finalized project strategy report describing the program progress and plans, equipment availability, written screening protocol, and staff training plan.
2. By October 31, 2006, submit a financial statement/summary indicating expenditures incurred in conjunction with this award.
3. Twelve months after project implementation, but no later than September 30, 2007, submit a final report describing the funded project including planning, implementation and outcome(s) through the funded period. This report should include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award must be included.

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Signature

Print or Type Name and Title

Date

Arizona Department of Health Services

Mini Grant Payment Request Form

(Name of Organization)

Contract Number _____ Purchase Order Number _____

At this time, _____ (name of organization) is requesting
payment of \$ _____ (%)

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____ Phone#: _____

Approved for payment by the ADHS:

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____ Phone#: _____